

## DECLARATION AND POWER OF ATTORNEY

## ORIGINAL APPLICATION



DOCKET NO. GC560

AS A BELOW NAMED INVENTOR, I HEREBY DECLARE THAT:

MY RESIDENCE, POST OFFICE ADDRESS AND CITIZENSHIP ARE AS STATED BELOW NEXT TO MY NAME. I BELIEVE I AM THE ORIGINAL, FIRST AND SOLE INVENTOR (IF ONLY ONE NAME IS LISTED BELOW) OR AN ORIGINAL, FIRST AND JOINT INVENTOR (IF PLURAL NAMES ARE LISTED BELOW) OF THE SUBJECT MATTER WHICH IS CLAIMED AND FOR WHICH A PATENT IS SOUGHT ON THE INVENTION ENTITLED DIRECTED EVOLUTION OF MICROORGANISMS, THE SPECIFICATION OF WHICH

CHECK ONE:						
☑ IS ATTACHED HERETO		•				
WAS FILED ON	AS APPLICATI	AS APPLICATION SERIAL NO				
			•			
I HEREBY STATE THAT I HAV	E REVIEWED AND UNDERST	AND THE CONTENTS OF THE	ABOVE IDENTIF	ED		
SPECIFICATION, INCLUDING	THE CLAIMS, AS AMENDED	BY ANY AMENDMENT REFERE	RED TO ABOVE.	1		
ACKNOWLEDGE THE DUTY T	O DISCLOSE INFORMATION	WHICH IS MATERIAL TO PATE	NTABILITY AS			
DEFINED IN TITLE 37, CODE	OF FEDERAL REGULATIONS	§§1.56.				
I HEREBY CLAIM FOREIGN PI	RÍORITY BENEFITS UNDER T	TILE 35, UNITED STATES COL	DE §119, OF AN	Υ		
FOREIGN APPLICATION(S) F	OR PATENT OR INVENTOR'S	CERTIFICATE LISTED BELOW	AND HAVE ALS	0		
IDENTIFIED BELOW ANY FOR	EIGN APPLICATION FOR PA	TENT OR INVENTOR'S CERTIF	ICATE HAVING A			
FILING DATE BEFORE THAT	OF THE APPLICATION ON W	HICH PRIORITY IS CLAIMED.				
			PRIORITY (	LAIMED		
APPLICATION NUMBER	COUNTRY	DATE OF FILING	YES	, NO		

I HEREBY CLAIM THE BENEFIT UNDER TITLE 35, UNITED STATES CODE §120, OF ANY UNITED STATES APPLICATION(S) LISTED BELOW AND, INSOFAR AS THE SUBJECT MATTER OF EACH OF THE CLAIMS OF THIS APPLICATION IS NOT DISCLOSED IN THE PRIOR UNITED STATES APPLICATION IN THE MANNER PROVIDED BY THE FIRST PARAGRAPH OF TITLE 35, UNITED STATES CODE §112, I ACKNOWLEDGE THE DUTY TO DISCLOSE MATERIAL INFORMATION AS DEFINED IN TITLE 37, CODE OF FEDERAL REGULATIONS §1.56(A) WHICH OCCURRED BETWEEN THE FILING DATE OF THE PRIOR APPLICATION AND THE NATIONAL OR PCT INTERNATIONAL FILING DATE OF THIS APPLICATION.

APPLICATION NUMBER	DATE OF FILING	STATUS - PATENTED, PENDING OR ABANDONED
	<u>                                     </u>	

POWER OF ATTORNEY: AS A NAMED INVENTOR I HEREBY APPOINT AS MY ATTORNEY(S) WITH FULL POWER OF SUBSTITUTION AND REVOCATION, TO PROSECUTE THIS APPLICATION AND TRANSACT ALL BUSINESS IN THE PATENT AND TRADEMARK OFFICE CONNECTED THEREWITH:

MARGARET A. HORN, REG. NO. 33,401 CHRISTOPHER L. STONE, REG. NO. 35,696 DEBRA J. GLAISTER, REG. NO. 33,888 SUSAN K. FARIS, REG. NO. 41,739

SEND CORRESPONDENCE TO:		1	DIRECT TELE	PH	IONE CALLS T	o:		•
DEBRA J. GLAISTER		Ι,	(050) 04(	^	7000			2.0
GENENCOR INTERNATIONAL, INC.		(	(650) 846-7620				12	
925 PAGE MILL ROAD	,							•
PALO ALTO, CA 94304-1	013	ŀ						
201								
FULL NAME OF INVENTOR	FULL FIRST NAME		INITIAL		LAST NAME			
	VOLKER				SCHELL	ENE	BERGER	
RESIDENCE & CITIZENSHIP	CITY	STA	ATE OR FORE	EIG	SN COUNTRY		COUNTRY OF CITIZE	ENSHIP
	PALO ALTO	CA	LIFORNIA	_			GERMAN	
POST OFFICE ADDRESS	POST OFFICE ADDRESS		CITY	_	. =		ATE OR COUNTRY	ZIP CODE
	914 MORENO AVENUE		PALO AL	_T	<u>o</u>	CA	LIFORNIA	94303
202				_				•
FULL NAME OF INVENTOR	FULL FIRST NAME		INITIAL		LAST NAME		· ·	
-	AMY		<u>D.</u>		LIU		· <del>-</del>	
RESIDENCE & CITIZENSHIP	CITY			ΞIG	SN COUNTRY	•	COUNTRY OF CITIZE	ENSHIP
	MOUNTAIN VIEW	CA	LIFORNIA	_		<b>,</b>	CANADA	
POST OFFICE ADDRESS	POST OFFICE ADDRESS		CITY		<b></b>		ATE OR COUNTRY	ZIP CODE
·	426 ESQUELA AVENUE		MOUNTA	All	N VIEW	CA	LIFORNIA	94040
203							*	
FULL NAME OF INVENTOR	FULL FIRST NAME		INITIAL	ı	LAST NAME			
	OLGA ·		V. SELIFONOVA					
RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP					
	LOS ALTOS	CALIFORNIA RUSSIA, PERMANENT						
		RESIDENT OF USA						
POST OFFICE ADDRESS	POST OFFICE ADDRESS		1		E OR COUNTRY	ZIP CODE		
· · · · · · · · · · · · · · · · · · ·	2240 HOMESTEAD CT, #214		LOS ALTOS	S		CALI	FORNIA	94024
204								
FULL NAME OF INVENTOR	FULL FIRST NAME		INITIAL		LAST NAME			
RESIDENCE & CITIZENSHIP	CITY	STA	ATE OR FORE	EIC	SN COUNTRY		COUNTRY OF CITIZE	ENSHIP
	<u> </u>					1		
POST OFFICE ADDRESS	POST OFFICE ADDRESS		CITY			ST	ATE OR COUNTRY	ZIP CODE
						<u> </u>		
					•			
205								
FULL NAME OF INVENTOR	FULL FIRST NAME		INITIAL		LAST NAME			
				_	<u> </u>		- <del></del>	
RESIDENCE & CITIZENSHIP	CITY	STA	ATE OR FORE	EIC	SN COUNTRY		COUNTRY OF CITIZE	ENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS		CITY	_		l et	ATE OR COUNTRY	ZIP CODE
FOOT OFFICE ADDRESS	FOOT OFFICE ADDRESS		1 0111			1 31	ALE OR COUNTRY	ZIP CODE

DIRECT TELEPHONE CALLS TO:

GC560dpa

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I FURTHER DECLARE THAT ALL STATEMENTS MADE HEREIN OF MY OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE; AND FURTHER THAT THESE STATEMENTS WERE MADE WITH THE KNOWLEDGE THAT WILLFUL FALSE STATEMENTS AND THE LIKE SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE, AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION OR ANY PATENT ISSUING THEREON.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202
Nolly Weller	Ymy din
DATE 5/19/99	DATE 5/19/99
SIGNATURE OF INVENTOR 203	SIGNATURE OF INVENTOR 204
Olpa V. Sel. Janons	
DATE 05.19.99	
SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE